

## **Exhibit C**

**DEPARTMENT OF CORRECTION  
CITY OF NEW YORK**

**UOF PACKAGE**

UOF ID Number 4068/20  
Incident Facility: MDC

**DEF 000001**

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**UOF ID Number:** 4068/20
**Incident**

|  |  |
|--|--|
| <b>UOF ID Number:</b>                  | 4068/20  |
| <b>Primary Incident Type:</b>          | Use of Force   |
| <b>Primary Incident Status:</b>        | Actual   |
| <b>Primary UOF Type:</b>               | Handheld Chemicals - OC, CS, MK-9  |
| <b>Secondary UOF Type:</b>             | Control holds/takedown techniques  |
| <b>Reason For UOF:</b>                 | Refuse Direct Orders   |
| <b>Occurred Time:</b>                  | Aug 31 2020 6:15PM   |
| <b>Reported Time:</b>                  | Aug 31 2020 9:05PM   |
| <b>Reported By:</b>                    | A D W<br>HARVEY  |
| <b>Reported To:</b>                    | A D W<br>MASSEY  |
| <b>Incident Facility:</b>              | MDC  |
| <b>Facility Area:</b>                  | Housing Area   |
| <b>Housing Area:</b>                   | 9S   |
| <b>Anticipated UOF (Call In):</b>      | No   |
| <b>Description of Incident:</b>        | AT 1815 HOURS, IN HOUSING AREA 9 SOUTH (ADULT/GP), INMATE RODRIGUEZ (SRG TRINI, ENH. REST., RED ID, ICR, CL. 30) STARTED A STILL FIRE INSIDE HIS CELL. OFFICER GALUZEVSKIY (DOA 06/19/17-ESU) RETRIEVED THE FIRE EXTINGUISHER TO PUT OUT THE FIRE, WHEN THE INMATE STOOD IN FRONT OF OFFICER GALUZEVSKIY. THE OFFICER GAVE ORDERS TO MOVE AND THE INMATE REFUSED TO COMPLY. OFFICER LEWIS (DOA 08/30/14-ESU) DEPLOYED CHEMICAL AGENT (OC) AND OFFICER WILLIAMS (DOA 06/19/17-ESU) UTILIZED CONTROL HOLDS TO APPLY RESTRAINTS. THE INMATE CEASED HIS AGGRESSION AND WAS ESCORTED OUT OF THE AREA, TERMINATING THE INCIDENT. STAFF AND INMATE INJURIES ARE PENDING. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE. VIDEO SURVEILLANCE: YES / CHEMICAL AGENT (OC) UTILIZED: YES. UPDATE: ON 09/01/20, THE FACILITY REPORTED NO STAFF OR INMATE INJURIES. THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE. |
| <b>Edited Description of Incident:</b> | AT 1815 HOURS, IN HOUSING AREA 9 SOUTH (ADULT/GP), INMATE RODRIGUEZ (SRG TRINI, ENH. REST., RED ID, ICR, CL. 30) STARTED A STILL   |

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**UOF ID Number:** 4068/20

FIRE INSIDE HIS CELL. OFFICER GALUZEVSKIY (DOA 06/19/17-ESU) RETRIEVED THE FIRE EXTINGUISHER TO PUT OUT THE FIRE, WHEN THE INMATE STOOD IN FRONT OF OFFICER GALUZEVSKIY. THE OFFICER GAVE ORDERS TO MOVE AND THE INMATE REFUSED TO COMPLY. AS A RESULT, A USE OF FORCE OCCURRED WITH THE BELOW LISTED STAFF. THIS INCIDENT IS CLASSIFIED AS A "P" USE OF FORCE. VIDEO SURVEILLANCE: YES / CHEMICAL AGENT (OC) UTILIZED: YES. UPDATE: ON 09/01/20, BASED ON MEDICAL, THIS INCIDENT IS RECLASSIFIED AS A "C" USE OF FORCE.

**Restraints:** No  
**Video Captured:** Yes  
**Incident Source:** IRS  
**Status:** Closed  
**Assigned Tour Commander Name:** Lee Mitchell  
**Assigned Captain Name:** Shaday Gibson  
**Assigned DDI Name:** Tahkyia Willis  
**Assigned ID Supervisor Name:** Ryan Rhodes  
**Assigned ID Investigator Name:** TYLER STOFER  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Tahkyia Willis (TWillis)  
**Updated Date:** Sep 29 2020 3:29PM  
**Preventative Action:** ORDERS  
GIVEN  
**Injury Class:** C  
**DOC Age Categorization:** Adult  
**Nunez Age Categorization:** Adult  
**Location Description:** ADULT  
/GP  
**Reason Not Approved:**  
**Staff Participants:**

- DAMIEN LEWIS
- TEMIR WILLIAMS
- ALEKSANDR GALUZEVSKIY

  
**Inmate Participants:**

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**UOF ID Number:** 4068/20

• PETER RODRIGUEZ

**Incident - Video/Audio Captured**

**Access Level:** ID  
**Media Type:** Video  
**Video/Audio Type:** Stationary  
**Video Link:** 191.49 ,191.36, 209.215, 209.206, 209.233, 209.238, 213.252, 211.157, 211.162, 211.161, 211.174, 211.165, 210.210, 191.26, 191.20, 191.22, 191.21, and 210.234  
**Video/Audio Start Date and Time:**  
**Video/Audio End Date and Time:**  
**Created By:** TYLER STOFER (TStofer)  
**Created Date:** Sep 15 2020 7:28AM  
**Updated Date:**

**Incident - Video/Audio Captured**

**Access Level:** ID  
**Media Type:** Video  
**Video/Audio Type:** Handheld  
**Video Link:** ES831201500CEMDCUOF1815UOF#4068-20.MP4  
**Video/Audio Start Date and Time:**  
**Video/Audio End Date and Time:**  
**Created By:** TYLER STOFER (TStofer)  
**Created Date:** Sep 15 2020 7:28AM  
**Updated Date:**

**Incident - Incident Event Log**

**Access Level:** ID  
**Action:** Complete Preliminary Review - PIC  
**To Status:** Preliminary Review - Presumption Investigation Complete Pending Supervisor Approval  
**Reason Not Approved:**  
**Created By:** TYLER STOFER (TStofer)  
**Created Date:** Sep 15 2020 7:29AM

**Incident - Incident Event Log**

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**UOF ID Number:** 4068/20

**Access Level:** ID  
**Action:** Approve Preliminary Review - PIC (send to DDI)  
**To Status:** Preliminary Review - Presumption Investigation Complete  
**Reason Not Approved:**  
**Created By:** Ryan Rhodes (RRhodes)  
**Created Date:** Sep 24 2020 2:04PM

**Incident - Incident Event Log**

**Access Level:** ID  
**Action:** Approve Preliminary Review - PIC (close Incident)  
**To Status:** Closed  
**Reason Not Approved:**  
**Created By:** Tahkyia Willis (TWillis)  
**Created Date:** Sep 29 2020 3:49PM

**Incident - Participant**

**Access Level:** IRS Interface  
**Person Type:** Staff  
**Shield #:** 8106  
**Employee #:** 1478831  
**Book & Case #:**  
**NYSID:**  
**Last Name:** LEWIS  
**First Name:** DAMIEN  
**Assigned Facility:** EMERGENCY SERVICES UNIT/ K9/GANG  
 INTELLIGENCE UNIT

**Title Effective Date:****Date of Hire:****Date of Birth:****Date of Admission:****Length of Stay:****Age:****Classification Score:****Disassociation Reason:****Created By:**

IRS Interface

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**UOF ID Number:** 4068/20

**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** IRS Interface  
**Updated Date:** Sep 2 2020 2:05AM  
**Visitor Number:**  
**Title:** Correction Officer  
**Arrest No:**  
**Indictment Docket No:**  
**Referred to Hospital:** No  
**Admitted to Hospital:** No  
**Prescribed Medication:** No  
**Participant Role:** PARTICIPANT  
**Arrest Charge:**  
**Arrest Date:**  
**Court Date:**  
**Arrest Disposition:**  
**Notice Served:**  
**Other Gender:**  
**Other Race:**  
**Other Mental Observation Facility:**  
**Middle Name:**

**Incident - Participant**

**Access Level:** IRS Interface  
**Person Type:** Staff  
**Shield #:** 11475  
**Employee #:** 1343287  
**Book & Case #:**  
**NYSID:**  
**Last Name:** WILLIAMS  
**First Name:** TEMIR  
**Assigned Facility:** OTIS BANTUM CORRECTIONAL CENTER (O.B.C.C.)  
**Title Effective Date:**  
**Date of Hire:**  
**Date of Birth:**  
**Date of Admission:**  
**Length of Stay:**  
**Age:**

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UOF ID Number: 4068/20

**Classification Score:****Disassociation Reason:****Created By:**

IRS Interface

**Created Date:**

Aug 31 2020 11:05PM

**Updated By:**

IRS Interface

**Updated Date:**

Sep 2 2020 2:05AM

**Visitor Number:****Title:**

Correction Officer

**Arrest No:****Indictment Docket No:****Referred to Hospital:**

No

**Admitted to Hospital:**

No

**Prescribed Medication:**

No

**Participant Role:**

PARTICIPANT

**Arrest Charge:****Arrest Date:****Court Date:****Arrest Disposition:****Notice Served:****Other Gender:****Other Race:****Other Mental Observation Facility:****Middle Name:****Incident - Participant****Access Level:**

IRS Interface

**Person Type:**

Staff

**Shield #:**

8957

**Employee #:**

1624301

**Book & Case #:****NYSID:****Last Name:**

GALUZEVSKIY

**First Name:**

ALEKSANDR

**Assigned Facility:**

MILITARY LEAVE WITH PAY/SECTION 2520

**Title Effective Date:****Date of Hire:****Date of Birth:**

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**UOF ID Number:** 4068/20

**Date of Admission:**

**Length of Stay:**

**Age:**

**Classification Score:**

**Disassociation Reason:**

**Created By:**

IRS Interface

**Created Date:**

Aug 31 2020 11:05PM

**Updated By:**

IRS Interface

**Updated Date:**

Sep 2 2020 2:05AM

**Visitor Number:**

**Title:**

Correction Officer

**Arrest No:**

**Indictment Docket No:**

**Referred to Hospital:**

No

**Admitted to Hospital:**

No

**Prescribed Medication:**

No

**Participant Role:**

PARTICIPANT

**Arrest Charge:**

**Arrest Date:**

**Court Date:**

**Arrest Disposition:**

**Notice Served:**

**Other Gender:**

**Other Race:**

**Other Mental Observation Facility:**

**Middle Name:**

**Incident - Participant**

**Access Level:** IRS Interface

**Person Type:** Inmate

**Shield #:**

**Employee #:**

**Book & Case #:** 3491603090

**NYSID:** 09839298P

**Last Name:** RODRIGUEZ

**First Name:** PETER

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**UOF ID Number:** 4068/20

**Title Effective Date:**

**Date of Hire:**

**Date of Birth:**

**Date of Admission:**

**Length of Stay:**

**Age:**

**Gender:** Male

**Race:** Other

**Classification Score:** 30

**SRG:** SRG

**Was Inmate in Restraints Prior to UOF?:** No

**Disassociation Reason:**

**Created By:** IRS Interface

**Created Date:** Aug 31 2020 11:05PM

**Updated By:** IRS Interface

**Updated Date:** Sep 2 2020 2:05AM

**Visitor Number:**

**ICR:** Yes

**Parole Violator:** No

**Red ID:** Yes

**Inmate Facility:** Manhattan Detention Complex

**Arrest No:**

**Indictment Docket No:**

**Adolescent:** No

**Referred to Hospital:** No

**Admitted to Hospital:** No

**Prescribed Medication:** No

**Participant Role:** INSTIGATOR

**Arrest Charge:**

**Arrest Date:**

**Court Date:**

**Arrest Disposition:**

**Notice Served:**

**Other Gender:**

**Other Race:**

**Other Mental Observation Facility:**

UOF ID Number: 4068/20

Middle Name:

**Incident - Incident Attachment**

**Attachment Type:** Incident Inmate Photo Form  
**Attachment:** File: U4068-20 IncidentPhotoReport.pdf  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Lee Mitchell (LeMitchell)  
**Updated Date:** Aug 31 2020 11:53PM  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** Injury to Inmate Report - pg. 1  
**Attachment:** File: rod front.pdf  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Shaday Gibson (SGibson)  
**Updated Date:** Sep 1 2020 2:44AM  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** Injury to Inmate Report - pg. 2  
**Attachment:** File: rod back.pdf  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Shaday Gibson (SGibson)  
**Updated Date:** Sep 1 2020 2:44AM  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** Inmate Voluntary Statement Form  
**Attachment:** File: rod stat.pdf  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Shaday Gibson (SGibson)

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**UOF ID Number:** 4068/20

**Updated Date:** Sep 1 2020 2:45AM  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** UOF Staff Reports (Actual, Allegation or Witness)  
**Attachment:** File: rodriquez.pdf  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Shaday Gibson (SGibson)  
**Updated Date:** Sep 1 2020 2:45AM  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** Tour Commander's handwritten UOF logbook entry (copy of)  
**Attachment:** File: U4068-20 TCC CALL IN PAGE.pdf  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:05PM  
**Updated By:** Lee Mitchell (LeMitchell)  
**Updated Date:** Aug 31 2020 11:33PM  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** Photos of Injured Inmates  
**Attachment:** File: I\_Inv\_4435522.jpg  
**Comments:**  
**Created By:** IRS Interface  
**Created Date:** Aug 31 2020 11:55PM  
**Updated By:** IRS Interface  
**Updated Date:** Sep 2 2020 2:05AM  
**Photo Type:** OTHER  
**Access Level:** IRS Interface  
**Other Attachment Type:**  
**Document Description:**  
**Other Photo Type:**

UOF ID Number: 4068/20

**Incident - Incident Attachment**

**Attachment Type:** UOF Staff Reports (Actual, Allegation or Witness)  
**Attachment:** File: 4068-20 ESU Reports.pdf  
**Created By:** Lee Mitchell (LeMitchell)  
**Created Date:** Sep 1 2020 9:25AM  
**Updated Date:**  
**Access Level:** Facility

**Incident - Incident Attachment**

**Attachment Type:** Other  
**Attachment:** File: UOF #4068-2020 VIDEO REQUEST FORM.pdf  
**Created By:** TYLER STOFER (TStofer)  
**Created Date:** Sep 14 2020 5:29PM  
**Updated Date:**  
**Access Level:** ID  
**Other Attachment Type:** video request form  
**Document Description:** video request form

**Incident - Incident Attachment**

**Attachment Type:** Other  
**Attachment:** File: U4068-20 BCOFO UOF REVIEW 9-1-2020.xlsx  
**Created By:** TYLER STOFER (TStofer)  
**Created Date:** Sep 14 2020 5:30PM  
**Updated Date:**  
**Access Level:** ID  
**Other Attachment Type:** rapid review  
**Document Description:** rapid review

**Incident - Incident Attachment**

**Attachment Type:** Other  
**Attachment:** File: U4068-20 Facility Referral.pdf  
**Created By:** Tahkyia Willis (TWillis)  
**Created Date:** Sep 29 2020 4:15PM  
**Updated Date:**

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**UOF ID Number:** 4068/20

**Access Level:** ID  
**Other Attachment Type:** FACILITY REFERRAL  
**Document Description:** delayed medical

**Incident - Preliminary Review**

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| <b>UOF #:</b>  | 4068/20  |
| <b>Occured Date:</b>   | Aug 31 2020  |
| <b>Injury Class:</b>   | C  |
| <b>Inmate 18 or Younger:</b>   | No   |
| <b>Class A UOF:</b>  | No   |
| <b>Actual or Alleged Blows to Head:</b>  | No   |
| <b>Actual or Alleged Kicking:</b>  | No   |
| <b>Actual or Alleged Use of Instrument of Force:</b>   | No   |
| <b>Inmate Was in Restraints:</b>   | No   |
| <b>Prohibited Restraint Hold(s):</b>   | No   |
| <b>Video Surveillance Malfunction:</b>   | No   |
| <b>Presence of Unexplained Facts:</b>  | No   |
| <b>Direct Referral from Facility:</b>  | No   |
| <b>Prior UOF Violation OATH Plea:</b>  | No   |
| <b>Evidence of Staff Collusion:</b>  | No   |
| <b>Other Full ID Circumstances:</b>  | No   |
| <b>Video Captured:</b>   | Yes  |
| <b>Are any inmate injuries attributable to any action of staff? :</b>                                      | No   |
| <b>Is staff injury consistent with the video and/or the witness(es) and Use of Force reports?:</b>         | Yes  |
| <b>Are staff reports available to the preliminary reviewer and are they consistent with the video?:</b>    | Yes  |
| <b>Are any additional investigative steps necessary? :</b>   | No   |
| <b>Describe why no additional investigative steps (such as interviewing staff members) are necessary.:</b> | All staff reports were consistent with video evidence as well as each other, in the events that transpired during the Use of Force. There was no evidence of collusion or dishonesty on behalf of DOC staff. The Use of Force was captured in its entirety with video evidence. Inmate Rodriguez did not make any allegations to the facility or medical against DOC |

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**UOF ID Number:** 4068/20

**Was a violation identified during Preliminary Review investigation?:**

**Detail the violation that has been identified:**

**Violation Will Require:**

**Investigator's Justification for Determination:**

staff, as they refused to provide statements. Additionally, no injuries resulted from the Use of Force.

Yes

Inmate Rodriguez was not seen by medical until five hours and sixteen minutes after the incident.

- Facility Referral

UOF4068/20  
Facility: MDC

**Brief Incident Summary**

On August 31, 2020 at approximately 1815 hours inside MDC 9 South housing area, Inmate Rodriguez, Peter B&C 3491603090 NYSID 09839298P started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell, he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the Intake with no further incident.

**Video Review**

**Genetec Video Surveillance Footage**

Genetec camera angles 191.49, 191.36, 209.215, 209.206, 209.233, 209. 238, 213.252, 211.157, 211.162, 211.161, 211.174, 211.165, 210.210, 191.26, 191.20, 191.22, 191.21, and 210.234 captured from August 31, 2020 inside MDC 9 south housing area between the hours of 1800 and 1930 revealed the following:

A still fire was started inside cell #3 (18:14:56 angle 191.36). Five officers and two captain entered the cell dayroom with a water extinguisher (18:15:13 191.36). Staff opened the food slot to begin use of the extinguisher 18:15:35. ESU Staff entered and took over extinguishing efforts. Officer Galuzevsky continued use of the water extinguisher while Officer Lewis opened cell #3 (18:16:06 angle 191.36). Inmate Rodriguez refused to exit and began swatting at staff with his right arm while moving forward. Officers Lewis and Williams used chemical agents at an appropriate distance (18:16:22 angle 191.36). ESU Officers put on their masks and Officer Galuzevsky entered the cell. Officer Galuzevsky exited the cell escorting Inmate

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Rodriguez with his hands behind his back. All involved staff members exited the 9 south housing area into the vestibule with Inmate Rodriguez (18:17:29 angle 209.215). ESU staff escorted Inmate Rodriguez to the Intake, terminating the incident (18:31:21 angle 209.215).

**Handheld Camera Footage**

ES831201500CEMDCUOF1815UOF#4068-20.MP4

ESU Officers entered the dayroom of Inmate Rodriguez's cell and could be heard giving verbal commands for him to step out. Inmate Rodriguez remained in his cell. Staff gave additional verbal commands for Inmate Rodriguez to exit his cell while continuing to use the water fire extinguisher. Due to the number of staff members in the area, Inmate Rodriguez and the inside of his cell could not be seen at this time. Captain Moise advised into the camera that chemical agents were just utilized. Officer Galuzevsky entered the cell and immediately exited with Inmate Rodriguez in an escort hold with his hands behind his back. Inmate Rodriguez had an orange substance on his upper torso. ESU Officers escorted Inmate Rodriguez to the 9 south vestibule and awaited clearance to escort him to the Intake. Inmate Rodriguez was then escorted to the Intake without incident.

**Body Camera Footage**

The involved staff members were not equipped with body worn cameras, therefore no such video exists.

**Involved Inmate(s) Statement(s)**

**Statement(s) to the Medical Staff**

Inmate Rodriguez did not make any statement to medical staff.

**Statement(s) to Facility**

Inmate Rodriguez did not make any statement to the facility

**Statement(s) to ID**

It was determined that an interview with Inmate Rodriguez was not necessary for full disposition of the incident, as it was captured on Genetec and handheld video in its entirety.

**Inmate Witness Statement(s) / Housing Area Canvass**

**Statement(s) to the Medical Staff**

There were no involved witness statements provided by the facility.

**Statement(s) to Facility**

There were no witness statements provided by the facility.

**Statement(s) to ID**

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**UOF ID Number:** 4068/20

It was determined that interviews with potential witness inmates were not necessary for full disposition of the incident, as it was captured on Genetec and handheld video in its entirety.

**Photographs**

**Incident Photo Report**

The facility submitted (1) one photograph of Inmate Rodriguez depicting a refusal.

**ID Photographs**

Because no interviews were conducted at this level, Inmate Rodriguez was not photographed by ID at this time.

**Staff Statement(s)**

Officers Lewis, Damien #8106 and Williams, Temir #11475 submitted use of force reports that were consistent with video evidence and each other.

Officer La, James #18781, Ferraro, Peter #1805, Sylla, Philippe #4945, Galuzevsky, Aleksandr #8957, Santiago, Rosalyn #4429, Ognayore, Christopher #4961, Campbell, Dwight #4586, Pegues, Nishanda #6264, Pierre-Louis, John #11494 Captain Gibson, Shaday #1046, and Captain Moise, Bonar #1451 submitted use of force witness reports that were consistent with video evidence and each other.

**Injuries**

**Inmate Injuries**

Inmate Rodriguez: Inmate Injury to Inmate Report #FY21/765 generated for Inmate Rodriguez on August 31, 2020 at approximately 2331 hours documented that Inmate Rodriguez refused medical attestation and denied any injuries.

Inmate Rodriguez received delayed medical attention approximately five hours and sixteen minutes after the incident occurred. Therefore, a facility referral has been generated to address this issue.

**Staff Injuries**

There were no staff injuries reported for this incident.

**Avoidable/Unavoidable, Necessary, and/or Excessive**  
 This use of force was determined to be unavoidable, necessary, and appropriate. Inmate Rodriguez lit a fire in his cell and then refused to verbal commands to exit while swatting at staff. In order to gain compliance and remove Inmate Rodriguez from potential harm, Officers Lewis and Williams dispersed their chemical agents from an appropriate distance towards Inmate Rodriguez's facial area.

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Officer Galuzevsky used escort holds to his arms to escort him safely out of his cell with no further incident. Officer Lewis, Williams, and Galuzevsky's actions were necessary to maintain safety and security. Force was used as a last resort where all other means had proven to be ineffective. Additionally, use of chemical agents and control holds are low on the continuum of force as defined by use of force directive 5006R-D. Therefore, staff was determined to be in accordance with Directive 5006R-D and Directive 4510R-H.

**Intake Classification Assessment**

This incident was properly classified as a "C" use of force as there were no injuries to the inmate or staff involved in the incident.

**Referral to the Department of Investigations**

This incident was not referred to the Department of Investigations due to no discovery of criminal malfeasance.

**Rapid Review**

According to the Rapid Review which was conducted by Deputy Warden Shannon this incident was unavoidable, and the force was necessary. There were no painful escort techniques or procedural errors identified. Furthermore, the Facility did not recommend any counseling or corrective action for this incident. ID concurred with this assessment.

**Conclusion**

In conclusion, on August 31, 2020 at approximately 1815 hours inside MDC 9 South housing area, Inmate Rodriguez started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell, he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the Intake where he was promptly decontaminated, with out further incident.

Inmate Rodriguez received delayed medical attention approximately five hours and sixteen minutes after the incident, which he refused. Medical staff noted no injuries. Inmate Rodriguez refused to provide a statement to the facility or to be photographed. It was determined that an interview with Inmate Rodriguez was not necessary for full disposition of the incident as it was captured on Genetec and handheld video in its entirety. As such, Inmate

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Rodriguez's credibility was not assessed. Additionally, the involved staff members submitted reports that were consistent with video evidence and each other.

This incident was properly classified as a "C" use of force as there were no injuries to the inmate or staff involved in the incident. Inmate Rodriguez did not receive medical attention within the four-hour timeframe, therefore a facility referral has been generated to address the delay in medical attention.

The provided rapid review noted no procedural errors or need for corrective action. ID concurred with the Rapid Review assessment. This incident was unavoidable, necessary and appropriate as outlined in the continuum of force in Use of Force Directive 5006R-D.

**Immediate Action**

No immediate action was deemed necessary for this incident.

**Recommendation**

Based on the preponderance of the evidence as cited in the conclusion, it is recommended that this case be closed with a facility referral for delayed medical attention.

| <b>Staff Reassignment During Investigation:</b> | No  |
|---|---|
| <b>DOI Referral for Staff:</b>                  | No  |
| <b>DOI Referral for Inmate:</b>                 | No  |
| <b>Injury Properly Classified:</b>              | Yes   |
| <b>Review End Date:</b>                         | Sep 15 2020                                       |
| <b>Workflow Action:</b>                         | Approve Preliminary Review - PIC (close Incident) |
| <b>Created Date:</b>                            | Tahkyia Willis (TWillis)                          |
| <b>Updated By:</b>                              |   |
| <b>Updated Date:</b>                            | Sep 29 2020 3:49PM                                |

|   | <b>CITY OF NEW YORK - CORRECTION DEPARTMENT</b> |  |   |  | FORM #6006-A-1      | EM : 9/27/2017        |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
|--|---|--|---|--|---------------------|-----------------------|-----------|------------|----------------------------------|------------------|---------------------------------------|------------|--------|----|------|--|---|-------|----|-------|--|---|--|--|--|--|
| <b>USE OF FORCE WITNESS REPORT</b>   |   |  |   |  |                     | PART A-1              |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>INSTRUCTIONS: PRINT ALL INFORMATION</b><br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and information Section # on each attached page.   |   |  | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?</b><br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If you used force, complete PART A, NOT this report.</small> |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| Facility:<br>MDC   | Report Date:<br>8/31/2020                       | Incident Date:<br>8/31/2020                          | Incident Time:<br>1815  | Facility Incident #:   | COD Use of Force #: | COD Unusual # if any: |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| Location Where Incident Occurred:<br>Cell 3  |   | Post Assigned at Time of Incident:<br>ESU Supervisor |   | Tour:<br>1500x2331   |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>1</b> Did any other inmates witness the incident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    If YES, list #:  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Last Name</th> <th style="width: 15%;">First Name</th> <th style="width: 70%;">Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>  |   |  |   |  |                     |                       | Last Name | First Name | Book and Case or Sentence Number | 1                |                                       |            | 2      |    |      | 3  |   |       |    |       |  |   |  |  |  |  |
| Last Name  | First Name                                      | Book and Case or Sentence Number                     |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 1  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 2  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 3  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>2</b> Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    If YES, state name(s) of inmate(s) against whom force was used:   |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
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| Last Name  | First Name                                      | Book and Case or Sentence Number                     |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 1  | Peter   | 3491603090   |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 2  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 3  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>3</b> State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:   |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
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| Last Name  | First Name                                      | Rank/Title   | Shield/ID Number  | Used Force<br>Was a Witness / Present  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 1  | Damien  | CO   | 8106  | <input checked="" type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 2  | Temir   | CO   | 11475   | <input checked="" type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| 3  |   |  |   | <input checked="" type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>4</b> If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <p>On Monday August 31, 2020 at approximately 1815hrs   ESU Captain Moise 1451 was notified via radio that inmate Rodriguez, Peter B/C 3491603090 NYSID 09839298P cell 3 (incarcerated for murder and kidnapping and known for assaulting staff) started a fire in his cell.</p>   |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>5</b> Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    If YES, describe:  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <p>Inmate was ordered to stop resisting.</p>   |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <b>6</b> Describe the incident and the specific force used (Including the actions of any staff involved in or present during the incident, including yourself):  |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <p>When approaching inmate Rodriguez cell there was heavy smoke coming from the bottom of the cell. ESU staff had possession a fire extinguisher. ESU staff then opened the cell door to render aid to inmate Rodriguez. ESU staff began extinguishing the fire in front of the cell/ hanging sheets that were also on fire. While extinguishing the fire said inmate was threatening staff becoming irate and began to advance toward staff aggressively. Thats when ESU staff applied chemical agents to the facial area of said inmate. After the chemicals agents took it desired effect. Said inmate was then placed in mechanical resistants and escorted out of the area to the intake for decontamination. Inmate Rodriguez was placed in the shower pen starting the decontamination processes with no further incidents.</p>   |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |
| <small>Continued on Reverse Side</small>   |   |  |   |  |                     |                       |           |            |                                  |                  |                                       |            |        |    |      |  |   |       |    |       |  |   |  |  |  |  |

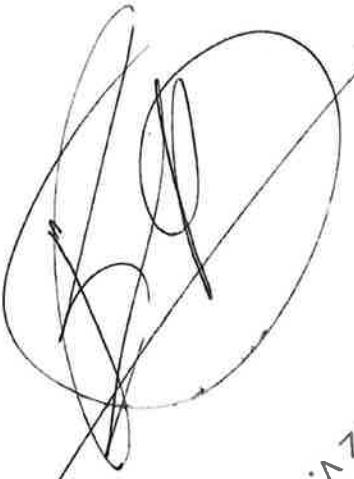
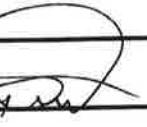
Continued on Reverse Side

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DEF 000020

(Continued)

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|   |  |
|---|--|
|   |  |
|    |  |
|    |  |
| <p style="text-align: right; transform: rotate(-45deg);">Confidential - For Use Only in Rodriguez v. City of New York et al., 20-cv-9840 (JHR)</p>                  |  |
| <p>7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p>  |  |
| <p><input type="checkbox"/> N/A</p>   |  |
| <p>8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> |  |
| <p>Facial area</p>  |  |
| <p>9 Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>                        |  |
| <p>If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p>              |  |
| <p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p>   |  |
| <p>Moise, Bonar Captain 1451</p>  |  |
| <p>Signature:</p>   |  |

CITY OF NEW YORK - CORRECTION DEPARTMENT

FORM #5006-A

EFF. : 9/27/2017

USE OF FORCE REPORT

PART A

INSTRUCTIONS: PRINT ALL INFORMATION

To be completed by any member involved in a use of force incident.  
Use attachments if additional space is needed and indicate Part and  
Information Section # on each attached page.

DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT

AT THE SCENE?

USED FORCE

WITNESS/PRESENT AT THE SCENE

If WITNESS is only PRESENT, then complete PART A-1, NOT this report.

|               |                      |                        |                         |                                   |                                   |                   |
|---------------|----------------------|------------------------|-------------------------|-----------------------------------|-----------------------------------|-------------------|
| Facility: MDC | Report Date: 8/31/20 | Incident Date: 8/31/20 | Incident Time: 1815 hrs | Facility Incident #: 349-160-3090 | COD Use of Force #: 1500X2331 hrs | COD Unusual #: 05 |
|---------------|----------------------|------------------------|-------------------------|-----------------------------------|-----------------------------------|-------------------|

Location Where Incident Occurred: 9 South

Post Assigned at Time of Incident:

MDC Enhanced Security Detail

Tour:

1500 x 2331 hrs

1 Was Supervisor notified before force was used?  YES  NO IF YES, write in full NAME, RANK and SHIELD #:

2 Which Supervisor was notified after the incident? Write in full NAME, RANK and SHIELD #:

Moise, Renar CPT #1451

Time Notified: 1815 hrs

3 State name(s) of inmate(s) against whom force was used:

|   | Last Name | First Name | B&C or Sent. Number | Infraction Written?   |
|---|-----------|------------|---------------------|---|
| 1 | Rodriguez | Peter      | 349-160-3090        | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| 2 |           |            |                     | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

4 Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):

On Monday August 31, 2020 on the 1500x2331 hrs tour, I as Lead ESU assigned to the MDC Enhanced Security Detail Post, along with ESU Staff under the supervision of Captain Moise #1451, were deployed to MDC housing area 9 South, which is an ongoing Enhanced Security detail to provide security and supervise inmate movement during all three tours. ESU Staff are deployed to facilities to handle inmate disturbances beyond the facility control.

5 Were alternatives, such as verbal commands, attempted before force was used?  YES  NO IF YES, describe:

This writer did not hear verbal Commands, nor did I get a chance to give verbal Commands.

6 Describe the incident and the specific force used:

At approximately 1815 hrs, ESU Staff responded to a cell fire at Cell # 3 which was started by inmate Rodriguez Peter BC # 349-160-3090. ESU Staff instructed MDC Staff to leave the area as ESU Staff took over the task to put out the cell fire. Cell door was opened, and inmate Rodriguez was instructed to face the back of the cell, with his hands in his head. Said inmate did comply, as ESU Staff was utilizing the water fire extinguisher to put the fire out, inmate Rodriguez Spontaneously faced ESU Staff and became aggressively resistant by advancing toward ESU Staff in an attempt to come out of his cell and what appeared to assault Staff. At this time this writer utilized one-two second burst to the facial area or chemical agents. Chemical agents appeared to take its desired effect, and inmate Rodriguez was instructed to place his hands by his side and he Complied. This writer along with ESU Staff donned our Avon C-50 gas mask.

Continued on Reverse Side

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(Continued)

and ESU Staff entered thereall Securing Said inmate and placing him in mechanical restraints, and removed him out of the housing area. ESU Staff not including this writer Escorted Said inmate to the main intake for decontamination terminating the incident.

Levis #8106

7 Explain in detail why force was necessary to control the situation:

As a last resort and where there are no practical alternatives available to prevent physical harm to staff, visitors, inmates or other persons

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

Force was applied to Said inmates facial area from chemical agents visibly face was red from chemical agent attack

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

Captain Moise #1451

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident?  YES  NO

If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

| Name     | Rank/Title | Shield/ID Number | Account of Actions |
|----------|------------|------------------|--------------------|
| Williams | CO         | 11475            | Used force         |

1

| Name        | Rank/Title | Shield/ID Number | Account of Actions |
|-------------|------------|------------------|--------------------|
| Goluzovskiy | CO         | 8957             | Witness /Present   |

2

| Name  | Rank/Title | Shield/ID Number | Account of Actions |
|-------|------------|------------------|--------------------|
| Sylla | CO         | 4945             | Witness /Present   |

3

11 Did any other inmates witness the incident?  YES  NO If YES, specify: Unknown

| Last Name | First Name | Book and Case or Sentence Number |
|-----------|------------|----------------------------------|
|           |            |                                  |
|           |            |                                  |
|           |            |                                  |

12 Were you responsible for escorting the inmate(s) to the clinic?  YES  NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

13 Did you claim any injuries as a result of the incident?  YES  NO If YES, describe your injuries and how each was sustained:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Levis Damon CO #8106

Signature:

Damon

|   | <b>CITY OF NEW YORK – CORRECTION DEPARTMENT</b> |                                    |                |   | FORM #5006-A-1   | Eff.: 9/27/2017       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
|--|---|------------------------------------|----------------|---|--|-----------------------|-----------|------------|----------------------------------|---------------|------------|---|-------|---------|----|---|---|-------|--------|------|--|---|-------------|-----------|----|--|
| <b>USE OF FORCE WITNESS REPORT</b>   |   |                                    |                |   | <b>PART A-1</b>  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>INSTRUCTIONS : PRINT ALL INFORMATION</b><br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and information Section # on each attached page.  |   |                                    |                |   | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS / PRESENT AT THE SCENE?</b> |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <input type="checkbox"/> USED FORCE  |   |                                    |                |   | <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE                         |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <small>If you used force, complete PART A, NOT this report.</small>  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| Facility:  | Report Date:                                    | Incident Date:                     | Incident Time: | Facility Incident #:                                      | COD Use of Force #:  | COD Unusual # if any: |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| MDC  | 8/31/20   | 8/31/20                            | 1815           |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| Location Where Incident Occurred:  |   | Post Assigned at Time of Incident: |                | Tour:   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 9 South  |   | ESU RKT                            |                | 1500X 2331  |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>1</b> Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:   |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Last Name</th> <th style="width: 10%;">First Name</th> <th style="width: 80%;">Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </tbody> </table>  |   |                                    |                |   |  |                       | Last Name | First Name | Book and Case or Sentence Number | 1             |            |   | 2     |         |    | 3   |   |       |        |      |  |   |             |           |    |  |
| Last Name  | First Name                                      | Book and Case or Sentence Number   |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 1  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 2  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 3  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>2</b> Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
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| Last Name  | First Name                                      | Book and Case or Sentence Number   |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 1  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 2  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 3  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>3</b> State the name(s) of any other staff involved in or present at the time of the incident:  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Last Name</th> <th style="width: 10%;">First Name</th> <th style="width: 10%;">Rank</th> <th style="width: 10%;">Shield Number</th> <th style="width: 40%;">Used Force</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Lewis</td> <td>Daermen</td> <td>CO</td> <td><input checked="" type="checkbox"/> Was a Witness/Present</td> </tr> <tr> <td>2</td> <td>Moise</td> <td>Bonner</td> <td>Capt</td> <td><input type="checkbox"/> Was a Witness/Present</td> </tr> <tr> <td>3</td> <td>Galuzevskiy</td> <td>Aleksandr</td> <td>CO</td> <td><input type="checkbox"/> Was a Witness/Present</td> </tr> </tbody> </table> |   |                                    |                |   |  |                       | Last Name | First Name | Rank                             | Shield Number | Used Force | 1 | Lewis | Daermen | CO | <input checked="" type="checkbox"/> Was a Witness/Present | 2 | Moise | Bonner | Capt | <input type="checkbox"/> Was a Witness/Present | 3 | Galuzevskiy | Aleksandr | CO | <input type="checkbox"/> Was a Witness/Present |
| Last Name  | First Name                                      | Rank                               | Shield Number  | Used Force  |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 1  | Lewis   | Daermen                            | CO             | <input checked="" type="checkbox"/> Was a Witness/Present |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 2  | Moise   | Bonner                             | Capt           | <input type="checkbox"/> Was a Witness/Present            |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 3  | Galuzevskiy                                     | Aleksandr                          | CO             | <input type="checkbox"/> Was a Witness/Present            |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <small>If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</small>  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>4</b> On Monday August 31 2020 1815 hrs while working on the 1500X 2331 tour rapid response team 1 CO Sylia #4945 was assigned to the MDC 9 South enhance security detail under the supervision of ESU Capt 1 CO #1451  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>5</b> Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:   |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 20-CV-09840 (GHW)  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| <b>6</b> Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| CO Sylia #4945 witness cell #3 on fire with Inmate Rodriguez, Peter B#31491b0320 Inside. ESU staff quickly grabbed the fire extinguisher to put out fire. This writer witness said Inmate attempted to assault ESU staff. At this time chemical agents was utilized by ESU staff to prevent assault on staff. Said inmate was taken to intake to start decontamination process. no other incident to report.   |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |
| 20-CV-09840 (GHW)  |   |                                    |                |   |  |                       |           |            |                                  |               |            |   |       |         |    |   |   |       |        |      |  |   |             |           |    |  |

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Confidential - For Use Only in Proceedings

City of New York et al. v. Capt. Mychal J. Sylva et al.

Case No. 20-cv-09840-JHR-BCM

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20. Sylva, Philippe

7 To the extent applicable, identify the name(s) of any staff Member who authorized and/or supervised the incident:  
 Capt Mychal J. Sylva

8 Identify the part(s) of the inmate's body/ bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:  
 Back

9 Were you responsible for escorting the inmate(s) to the clinic?  YES  NO If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:  
 Sylva, Philippe, CO #4945

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)

Signature: *PSyl*

|   |              | CITY OF NEW YORK - CORRECTION DEPARTMENT |                  |   |                     | FORM #5006-A-1        | Eff.: 9/27/2017 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
|--|--------------|--|------------------|---|---------------------|-----------------------|-----------------|-----------|------------|----------------------------------|------------------|---------|------------|-----|-------|------------|-------|-----|------|------------|---------|-----|-------|
|  |              | USE OF FORCE WITNESS REPORT              |                  |   |                     | PART A-1              |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| <b>INSTRUCTIONS: PRINT ALL INFORMATION</b><br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.   |              |  |                  | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?</b><br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If you used force, complete PART A, NOT this report.</small> |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| Facility:  | Report Date: | Incident Date:                           | Incident Time:   | Facility Incident #:  | COD Use of Force #: | COD Unusual # if any: |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| MDC  | 8/31/20      | 8/31/20                                  | 1815             |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| Location Where Incident Occurred:  |              | Post Assigned at Time of Incident:       |                  | Tour:   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 9 South  |              | ESU                                      |                  | 1500X2331   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #: <u>Unknown</u>   |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Book and Case or Sentence Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>  |              | Last Name                                | First Name       | Book and Case or Sentence Number  | 1                   |                       |                 | 2         |            |                                  | 3                |         |            |     |       |            |       |     |      |            |         |     |       |
| Last Name  | First Name   | Book and Case or Sentence Number         |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 1  |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 2  |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 3  |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:<br><table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Book and Case or Sentence Number</td> </tr> <tr> <td>1 Rodriguez</td> <td>Peter</td> <td>3491603090</td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>   |              |  |                  |   |                     |                       |                 | Last Name | First Name | Book and Case or Sentence Number | 1 Rodriguez      | Peter   | 3491603090 | 2   |       |            | 3     |     |      |            |         |     |       |
| Last Name  | First Name   | Book and Case or Sentence Number         |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 1 Rodriguez  | Peter        | 3491603090                               |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 2  |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 3  |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:<br><table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Rank/Title</td> <td>Shield/ID Number</td> </tr> <tr> <td>1 Lewis</td> <td>Damien</td> <td>C/O</td> <td>81060</td> </tr> <tr> <td>2 Williams</td> <td>Jemic</td> <td>C/O</td> <td>1485</td> </tr> <tr> <td>3 Santiago</td> <td>Rosalyn</td> <td>C/O</td> <td>59429</td> </tr> </table>  |              |  |                  |   |                     |                       |                 | Last Name | First Name | Rank/Title                       | Shield/ID Number | 1 Lewis | Damien     | C/O | 81060 | 2 Williams | Jemic | C/O | 1485 | 3 Santiago | Rosalyn | C/O | 59429 |
| Last Name  | First Name   | Rank/Title                               | Shield/ID Number |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 1 Lewis  | Damien       | C/O                                      | 81060            |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 2 Williams   | Jemic        | C/O                                      | 1485             |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 3 Santiago   | Rosalyn      | C/O                                      | 59429            |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):<br><p>On Monday August 31, 2020 at approx 1815 hrs I C/O Galazevskiy #8957 assigned to ESU on the 1500X2331 tour at MDC 9 south witnessed inmate Rodriguez Peter BC# 3491603090 set a fire within his cell, cell # 3. This writer then notified ESU supervisor.</p>   |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:<br><p>Multiple commands were given to put out the fire.</p>  |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| 6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): This writer then grabbed the fire extinguisher from the floor. Officer to be prepared to put out the fire. Once ESU supervisor said to open the cell this writer immediately began to pour aid and put out the fire in cell # 3. While putting out the fire Inmate Rodriguez began to become hostile and started charging at ESU staff. Chemical agents was then utilized by ESU staff to stop said inmate from assaulting staff. Said inmate was then secured and escorted out of the housing area and into the intake. No further incident to report. At no time did this writer use force. |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |
| <small>Continued on Reverse Side</small>   |              |  |                  |   |                     |                       |                 |           |            |                                  |                  |         |            |     |       |            |       |     |      |            |         |     |       |

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| <p style="text-align: right;">C:\ndenotes, For Use in<br/>Rodriguez v. City of New York et al., 20-cv-09840-JHR</p>  |  |
| <p>To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p><input checked="" type="checkbox"/> CPT. moise # 1451</p>  |  |
| <p>Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p><input checked="" type="checkbox"/> facial area</p>   |  |
| <p>9 Were you responsible for escorting the inmate(s) to the clinic?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p><br/><br/><br/></p> |  |
| <p>Submitted by: (PRINT LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p>Gulyazevskiy Aleksandr C/O 8957</p>   |  |
| <p>Signature</p> <p><i>Aleksandr Gulyazevskiy</i></p>  |  |

|   |   | CITY OF NEW YORK - CORRECTION DEPARTMENT |                       |  |  | FORM #8006-A   | EN. : 9/27/2017 |
|--|---|--|-----------------------|--|--|----------------|-----------------|
|  |   | USE OF FORCE REPORT                      |                       |  |  | PART A         |                 |
| <b>INSTRUCTIONS:</b> PRINT ALL INFORMATION<br>To be completed by any member involved in a use of force incident.<br>Use attachments if additional space is needed and indicate Part and<br>Information Section # on each attached page.  |   |  |                       | DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT<br>AT THE SCENE?<br><input type="checkbox"/> USED FORCE <input type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If WITNESS or only PRESENT, then complete PART A-1, NOT this report.</small> |  |                |                 |
| Facility:  | 800   | Report Date:                             | 8/31/20               | Incident Date:   | 8/31/20  | Incident Time: | 1815            |
| Facility Incident #:   | COD Use of Force #:   |  | COD Unusual # if any: |  |  |                |                 |
| Location Where Incident Occurred:  | Post Assigned at Time of Incident:  |  | Tour:                 |  |  |                |                 |
| 1  | Was Supervisor notified before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    If YES, write in full NAME, RANK and SHIELD #:  |  |                       |  | Captain Maise 1451   |                |                 |
| 2  | Which Supervisor was notified after the Incident? Write in full NAME, RANK and SHIELD #:  |  |                       |  | Time Notified:   |                |                 |
| 3  | State name(s) of inmate(s) against whom force was used:   |  |                       |  |  |                |                 |
|  | Last Name   | First Name                               | B&C or Sent. Number   | Infraction Written?  |  |                |                 |
| 1  | Rodriguez   | Pete                                     | 34916 03090           | <input type="checkbox"/> YES   | <input checked="" type="checkbox"/> NO   |                |                 |
| 2  |   |  |                       | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |                |                 |
| 4  | Explain in detail the sequence of events leading up to the incident based on your own observations, including whether the force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): |  |                       |  |  |                |                 |
| <p>On August 31 2020 at approximately 1815 hours during the 3 cell tour while assigned to ESU's Enhanced Security detail at NYC I COT 6/Minn 1475 was deployed to housing area 9 South under the direct supervision of Captain Maise 1451 due to a fire condition coming from Cell 13</p>  |   |  |                       |  |  |                |                 |
| 5  | Were alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input type="checkbox"/> NO    If YES, describe:  |  |                       |  | <p>Inmate Rodriguez was instructed to "step back" turn around" place hands behind back" by the writer.</p> |                |                 |
| 6  | Describe the incident and the specific force used:  |  |                       |  |  |                |                 |
| <p>Inmate Rodriguez Pete #34916 03090/09792987 had started a fire in his Cell (3) This writer along with other ESU members responded with a fire extinguisher and put out the fire. Condition inmate Rodriguez became writer and aggressively charged out of his cell. This writer then utilized 1 two second burst of oleoresin Capsicum to inmate Rodriguez head area while giving direct orders to stop his rampage. The chemical agent took the desired effect inmate Rodriguez complies with verbal commands given placing his hands behind his back. Restraints were applied and inmate Rodriguez was escorted out of housing area to a shower pin in intiate to start the decontamination process by ESU members without further incidents.</p> |   |  |                       |  |  |                |                 |

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7 Explain in detail why force was necessary to control the situation:  
 force was necessary to prevent further injury to staff or inmate.

8 Identify the part(s) of the inmate's body(ies) to which force was applied and a description of any visible or apparent injuries sustained by the inmate:  
 chemical agents applied to front areas of said inmate

9 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:  
 Captain Morse 1431

10 Were any other uniform or non-uniform staff involved in or present at the time of the incident?  YES  NO  
 If YES, complete the identification information and give an account of each person's actions immediately before and during the incident:

| Name     | Rank/Title | Shield/ID Number | Account of Actions |
|----------|------------|------------------|--------------------|
| Johnsore | Co         | 14961            | See staff report   |
| Reed Law | Co         | 1494             | See staff report   |
| Morse    | Capt       | 1431             | See staff report   |

11 Did any other inmates witness the incident?  YES  NO If YES, specify:  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Book and Case or Sentence Number \_\_\_\_\_

12 Were you responsible for escorting the inmate(s) to the clinic?  YES  NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:  
 \_\_\_\_\_

13 Did you claim any injuries as a result of the incident?  YES  NO If YES, describe your injuries and how each was sustained:  
 \_\_\_\_\_

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD)  
 Williams Tamm Co 11478

Signature: 

| CITY OF NEW YORK - CORRECTION DEPARTMENT  |                                    | FORM #8006-A-1  |                                  | EFT. : 9/27/2017     |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
|---|------------------------------------|---|----------------------------------|----------------------|-----------------------|----------|-----------|------------|----------------------------------|------------------|-----------|-------|------------|----|--------|---|----------|-------|----|-------|---|-------------|-----------|----|------|
|   |                                    | USE OF FORCE WITNESS REPORT   |                                  |                      |                       | PART A-1 |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| <b>INSTRUCTIONS: PRINT ALL INFORMATION</b><br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.  |                                    | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?</b><br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If you used force, complete PART A, NOT this report.</small> |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| Facility:   | Report Date:                       | Incident Date:  | Incident Time:                   | Facility Incident #: | COD Use of Force #:   |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| MDC   | 8/31/20                            | 8/31/20   | Apprx. 1815                      |                      | COD Unusual # if any: |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| Location Where Incident Occurred:   | Post Assigned at Time of Incident: |   |                                  | Tour:                |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 9 South   | ESU-MDC Enhanced Security          |   |                                  | 15020X2331           |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:<br><table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Unknown</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |                                    |   |                                  |                      |                       |          | Last Name | First Name | Book and Case or Sentence Number | 1                | Unknown   |       |            | 2  |        |   |          | 3     |    |       |   |             |           |    |      |
|   | Last Name                          | First Name  | Book and Case or Sentence Number |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 1   | Unknown                            |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 2   |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 3   |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:<br><table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Rodriguez</td> <td>Peter</td> <td>3491003090</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |                                    |   |                                  |                      |                       |          | Last Name | First Name | Book and Case or Sentence Number | 1                | Rodriguez | Peter | 3491003090 | 2  |        |   |          | 3     |    |       |   |             |           |    |      |
|   | Last Name                          | First Name  | Book and Case or Sentence Number |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 1   | Rodriguez                          | Peter   | 3491003090                       |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 2   |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 3   |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:<br><table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Rank/Title</th> <th>Shield/ID Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Lewis</td> <td>Danielle</td> <td>CW</td> <td>810810</td> </tr> <tr> <td>2</td> <td>Williams</td> <td>Tenir</td> <td>CW</td> <td>11475</td> </tr> <tr> <td>3</td> <td>Galuzevskiy</td> <td>Aleksandr</td> <td>CW</td> <td>8157</td> </tr> </tbody> </table>   |                                    |   |                                  |                      |                       |          | Last Name | First Name | Rank/Title                       | Shield/ID Number | 1         | Lewis | Danielle   | CW | 810810 | 2 | Williams | Tenir | CW | 11475 | 3 | Galuzevskiy | Aleksandr | CW | 8157 |
|   | Last Name                          | First Name  | Rank/Title                       | Shield/ID Number     |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 1   | Lewis                              | Danielle  | CW                               | 810810               |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 2   | Williams                           | Tenir   | CW                               | 11475                |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 3   | Galuzevskiy                        | Aleksandr   | CW                               | 8157                 |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):<br><p>On Monday, August 31, 2020, I, [Redacted] #1429 assigned ESU-MDC Enhanced Security Detail on the 15020X2331 tour, was stationed in MDC, under the direct supervision of Capt. Lewis #1401, to conduct enhanced security for 9 South. This writer reported to 9 South due to a fire condition at apprx. 1815 hrs.</p> |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:<br><p>[Redacted]</p> <p>Use of [Redacted] #1429</p>   |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |
| 6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):<br><p>At Apprx. 1815 hrs, Inmate Rodriguez, Peter BIC 3491003090 [Redacted] #1429, assigned cell #3, created a fire condition. ESU staff utilized a fire extinguisher to terminate the fire, at which time, CW Lewis #810810 and CW Williams #11475 utilized chemical agents. This writer could not physically see the inmate. This writer then donned her gas mask. Said inmate was secured in mechanical restraints as the chemical agents took its desired effect. He was escorted out of the area.</p> |                                    |   |                                  |                      |                       |          |           |            |                                  |                  |           |       |            |    |        |   |          |       |    |       |   |             |           |    |      |

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|--|-------------|---|
| 6  | (Continued) |   |
| <p style="text-align: center;"><i>6/27/2021</i></p> <p style="text-align: center;"><i>CHW</i></p>  |             |   |
| <p style="text-align: center;"><i>For Use Only in Rockland, City of New York &amp; al. 20-5130</i></p>   |             |   |
| <p>To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p><i>Asst. Wmse #1451 on scene</i></p>   |             |   |
| <p>Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p><i>Unknown</i></p>  |             |   |
| <p>Were you responsible for escorting the inmate(s) to the clinic?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p><i> </i></p> |             |   |
| <p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p><i>Santiago, Rosalyn CD #4429</i></p>   |             | <p>Signature:</p> <p><i>R. Santiago</i></p> |

| CITY OF NEW YORK - CORRECTION DEPARTMENT  |             |              |  |                  |   | FORM #6006-A-1 | EF. : 9/27/2017 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
|---|-------------|--------------|--|------------------|---|----------------|-----------------|----------------------|---------------------|-----------------------|---|-----------|------------|----------------------------------|---|--|--|--|---|--|--|--|---|-----------|------------|----------------------------------|---|-----------|-------|------------|---|--|--|--|---|-----------|------------|------------|------------------|------------|---|----------|-------|----|--------|--|---|-------------|------|----|-------|-------------------------------------|--|-------|--------|------|-------|---|--|--|--|--|--|-------------------------------------|--|--|--|--|--|--|
| USE OF FORCE WITNESS REPORT   |             |              |  |                  |   | PART A-1       |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| INSTRUCTIONS: PRINT ALL INFORMATION<br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.   |             |              | DO YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?<br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br>If you used force, complete PART A, NOT this report. |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| Facility:   | MDL         | Report Date: | 8-31-20  | Incident Date:   | 8-31-20   | Incident Time: | 1715            | Facility Incident #: | COD Use of Force #: | COD Unusual # if any: |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| Location Where Incident Occurred:   |             |              | Post Assigned At Time of Incident:   |                  |   | Tour:          |                 |                      | 3 X 11              |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 9 SOUTH   |             |              | ESU MDC Detail   |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| <p>1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:</p> <table border="1"> <tr><td>1</td><td>Last Name</td><td>First Name</td><td>Book and Case or Sentence Number</td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </table> <p>2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:</p> <table border="1"> <tr><td>1</td><td>Last Name</td><td>First Name</td><td>Book and Case or Sentence Number</td></tr> <tr><td>2</td><td>Rodriguez</td><td>Peter</td><td>3491603080</td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> </table> <p>3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:</p> <table border="1"> <tr><td>1</td><td>Last Name</td><td>First Name</td><td>Rank/Title</td><td>Shield/ID Number</td><td>Used Force</td></tr> <tr><td>2</td><td>Williams</td><td>Tenir</td><td>C0</td><td>114075</td><td><input type="checkbox"/> Was a Witness / Present</td></tr> <tr><td>3</td><td>Pearl-Lewis</td><td>John</td><td>C0</td><td>10494</td><td><input type="checkbox"/> Used Force</td></tr> <tr><td></td><td>Mosie</td><td>Bonner</td><td>Capt</td><td>11451</td><td><input checked="" type="checkbox"/> Was a Witness / Present</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Used Force</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Was a Witness / Present</td></tr> </table> <p>4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</p> <p>on Monday August 31, 2020 DURING 3 X 11 tour, I C/O right here #14961 while assigned to ESU/MDC Detail, observed inmate Rodriguez B/O started a fire in his cell (#3).</p> <p>5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:</p> <p>This writer heard ESU STAFF tell said inmate to stop burning and turn around and place hands behind back to be handcuffed.</p> <p>6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):</p> <p>Writer said inmate set fire in his cell, plus writer along with other ESU STAFF went to his cell to put out the fire with fire extinguisher to prevent said inmate from burning him self or others. From this writer's viewpoint, this writer was only able to see chemical agent being deployed when said inmate failed to comply with ESU staff verbal commands. This writer then observe said inmate handcuffed by ESU staff before this writer then took over the escort of said inmate before escorting said inmate outside the housing area. At this point, I relieved my escort hold to another ESU staff.</p> |             |              |  |                  |   |                |                 |                      |                     |                       | 1 | Last Name | First Name | Book and Case or Sentence Number | 2 |  |  |  | 3 |  |  |  | 1 | Last Name | First Name | Book and Case or Sentence Number | 2 | Rodriguez | Peter | 3491603080 | 3 |  |  |  | 1 | Last Name | First Name | Rank/Title | Shield/ID Number | Used Force | 2 | Williams | Tenir | C0 | 114075 | <input type="checkbox"/> Was a Witness / Present | 3 | Pearl-Lewis | John | C0 | 10494 | <input type="checkbox"/> Used Force |  | Mosie | Bonner | Capt | 11451 | <input checked="" type="checkbox"/> Was a Witness / Present |  |  |  |  |  | <input type="checkbox"/> Used Force |  |  |  |  |  | <input type="checkbox"/> Was a Witness / Present |
| 1   | Last Name   | First Name   | Book and Case or Sentence Number   |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 2   |             |              |  |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 3   |             |              |  |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 1   | Last Name   | First Name   | Book and Case or Sentence Number   |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 2   | Rodriguez   | Peter        | 3491603080   |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 3   |             |              |  |                  |   |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 1   | Last Name   | First Name   | Rank/Title   | Shield/ID Number | Used Force  |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 2   | Williams    | Tenir        | C0   | 114075           | <input type="checkbox"/> Was a Witness / Present            |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
| 3   | Pearl-Lewis | John         | C0   | 10494            | <input type="checkbox"/> Used Force                         |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
|   | Mosie       | Bonner       | Capt   | 11451            | <input checked="" type="checkbox"/> Was a Witness / Present |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
|   |             |              |  |                  | <input type="checkbox"/> Used Force                         |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
|   |             |              |  |                  | <input type="checkbox"/> Was a Witness / Present            |                |                 |                      |                     |                       |   |           |            |                                  |   |  |  |  |   |  |  |  |   |           |            |                                  |   |           |       |            |   |  |  |  |   |           |            |            |                  |            |   |          |       |    |        |  |   |             |      |    |       |                                     |  |       |        |      |       |   |  |  |  |  |  |                                     |  |  |  |  |  |  |
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|    |     | CITY OF NEW YORK - CORRECTION DEPARTMENT |         |   |         | FORM #5006-A-1 | ER : 9/27/2017 |   |  |                     |    |   |    |
|   |     | USE OF FORCE WITNESS REPORT              |         |   |         | PART A-1       |                |   |  |                     |    |   |    |
| <b>INSTRUCTIONS: PRINT ALL INFORMATION</b><br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.  |     |  |         | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?</b><br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If you used force, complete Part A. If not, complete Part B.</small> |         |                |                |   |  |                     |    |   |    |
| Facility:   | MDC | Report Date:                             | 8/31/20 | Incident Date:  | 8/31/20 | Incident Time: | 1815           | Facility Incident #:  |  | COD Use of Force #: | 01 | COD Unusual # if any:                     | 01 |
| Location Where Incident Occurred:   |     |  |         | Post Assigned at Time of Incident:  |         |                |                | Tour:   |  |                     |    |   |    |
| 9 South 611 # 3   |     |  |         | ESU RPT   |         |                |                | 3x11  |  |                     |    |   |    |
| <b>1</b> Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      If YES, list #:   |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| Last Name<br>1<br>2<br>3  |     |  |         | First Name<br>_____<br>_____<br>_____   |         |                |                | Book and Case or Sentence Number<br>_____<br>_____<br>_____ |  |                     |    |   |    |
| <b>2</b> Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      If YES, state name(s) of inmate(s) against whom force was used:  |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| Last Name<br>1<br>2<br>3  |     |  |         | First Name<br>_____<br>_____<br>_____   |         |                |                | Book and Case or Sentence Number<br>_____<br>_____<br>_____ |  |                     |    |   |    |
| <b>3</b> State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:  |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| Last Name<br>1<br>2<br>3  |     |  |         | First Name<br>_____<br>_____<br>_____   |         |                |                | Rank/Title<br>CO<br>CO<br>CO                                |  |                     |    | Shield/ID Number<br>62440<br>4345<br>0206 |    |
| <b>4</b> If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| On Monday August 31, 2020 CO Campbell # 4586 assigned to emergency service unit on the 3x11 tour was assigned to MDC detail under the supervision of Captain Morse # 1815   |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| <b>5</b> Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO      If YES, describe:   |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| At approximately 1815 hours, inmate Peter Rodriguez # 3491603050 refused all verbal commands to exit his cell due to his cell being on fire.  |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| <b>6</b> Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):   |     |  |         |   |         |                |                |   |  |                     |    |   |    |
| Inmate Peter Rodriguez b/c 3491603050 refused all direct order to exit his burning cell as staff members began to extinguish the fire and inmate became very irate and charge at staff after which time chemical agents was utilized and has taken its desire effect. Inmate was taken to the main intake shower pen terminating all incidents. |     |  |         |   |         |                |                |   |  |                     |    |   |    |
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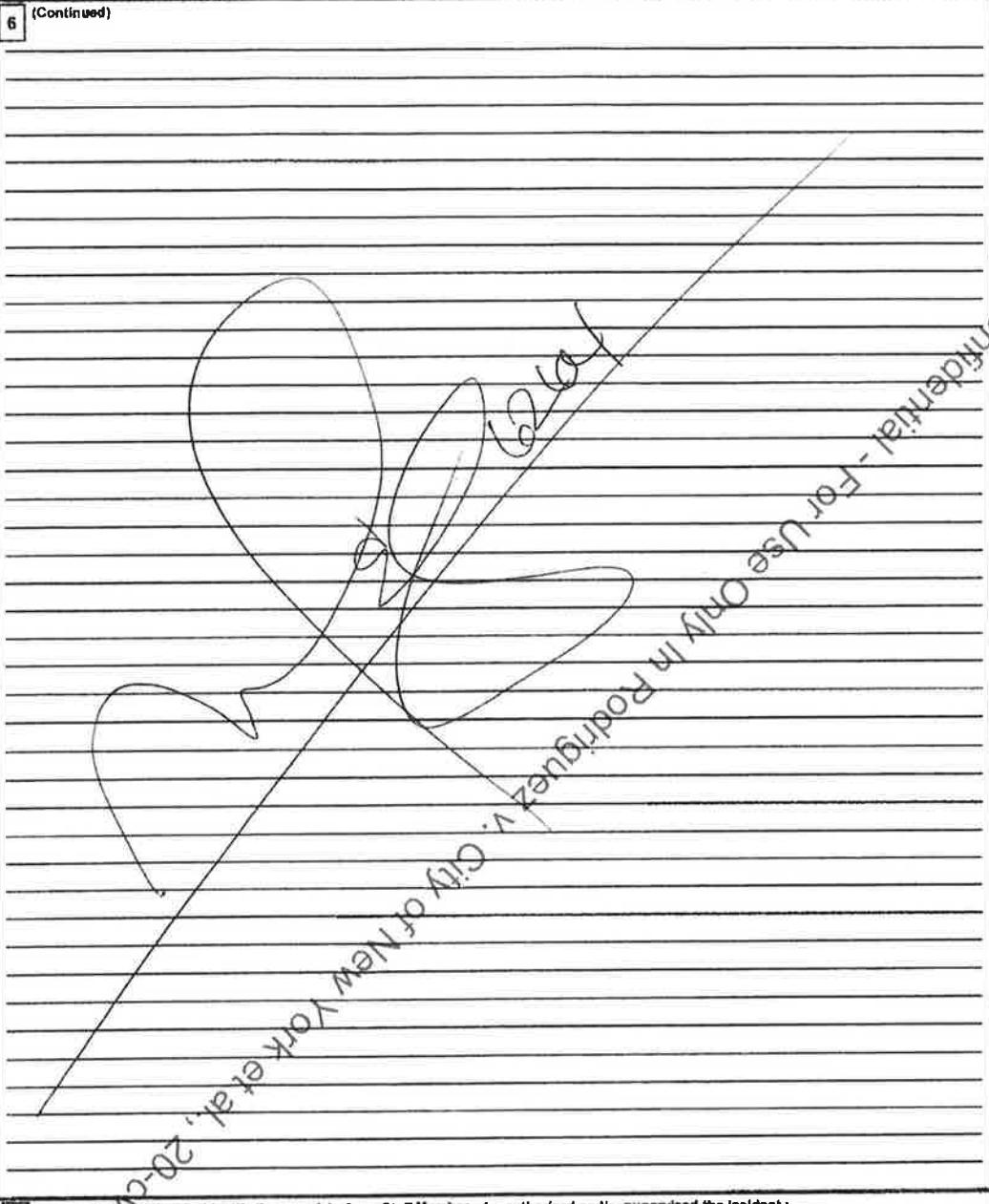
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| <input type="checkbox"/> 9 (Continued) <div style="position: absolute; right: 0; top: 0; transform: rotate(-45deg); transform-origin: right top; width: 200px; height: 200px; background-color: white; border: 1px solid black; border-radius: 50%;"></div>  |  |
| <p style="text-align: center; font-size: 10px; margin: 0;">City of New York<br/>et al., 20-cv-09840-JHR</p>  |  |
| <p><b>7</b> To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p>Chemical agents was utilized under Captain Moise Supervision #1451</p>  |  |
| <p><b>8</b> Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p>Chemical agents</p>  |  |
| <p><b>9</b> Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p>_____</p> <p>_____</p> |  |
| <p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p>Campbell, Wright CO # 9586</p>  |  |
| <p>Signature:</p> <p>Digital Signature</p>   |  |

|  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
|--|---|----------------------------------|------------------------------------|---|---------------------|-----------------------|----------------|------------------|-----------|------------|----------------------------------|----------------|--|---------|--------|------|------|---|------------|-------|------|-------|---|---------|----------|------|------|---|
|   | <b>CITY OF NEW YORK - CORRECTION DEPARTMENT</b><br><b>USE OF FORCE WITNESS REPORT</b> |                                  |                                    |   |                     |                       | FORM #5006-A-1 | Eff. : 9/27/2017 |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <b>INSTRUCTIONS: PRINT ALL INFORMATION</b><br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.   |   |                                  |                                    | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?</b><br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If you used force, complete PART A, NOT this report.</small> |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| Facility:  | Report Date:  | Incident Date:                   | Incident Time:                     | Facility Incident #:  | COD Use of Force #: | COD Unusual # if any: |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| MDC  | 8/31/20   | 8/31/20                          | Approx 1815                        |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| Location Where Incident Occurred:  |   |                                  | Post Assigned at Time of Incident: |   |                     | Tour:                 |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 9 South Cell #3  |   |                                  | ESU - camera                       |   |                     | 1500X2331             |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <p><b>1</b> Did any other inmates witness the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list it:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Last Name</td> <td style="width: 15%;">First Name</td> <td style="width: 70%;">Book and Case or Sentence Number</td> </tr> <tr> <td>1 UNKNOWN</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>  |   |                                  |                                    |   |                     |                       |                |                  | Last Name | First Name | Book and Case or Sentence Number | 1 UNKNOWN      |  |         | 2      |      |      | 3   |            |       |      |       |   |         |          |      |      |   |
| Last Name  | First Name  | Book and Case or Sentence Number |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 1 UNKNOWN  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 2  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 3  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <p><b>2</b> Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Last Name</td> <td style="width: 15%;">First Name</td> <td style="width: 70%;">Book and Case or Sentence Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table>   |   |                                  |                                    |   |                     |                       |                |                  | Last Name | First Name | Book and Case or Sentence Number | 1              |  |         | 2      |      |      | 3   |            |       |      |       |   |         |          |      |      |   |
| Last Name  | First Name  | Book and Case or Sentence Number |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 1  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 2  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 3  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <p><b>3</b> State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Last Name</td> <td style="width: 15%;">First Name</td> <td style="width: 15%;">Rank/Title</td> <td style="width: 15%;">Shield# Number</td> <td style="width: 20%;"></td> </tr> <tr> <td>1 Lewis</td> <td>Damien</td> <td>C.O.</td> <td>8916</td> <td><input type="checkbox"/> Used Force<br/><input type="checkbox"/> Was a Witness / Present</td> </tr> <tr> <td>2 Williams</td> <td>Tomir</td> <td>C.O.</td> <td>14915</td> <td><input type="checkbox"/> Used Force<br/><input type="checkbox"/> Was a Witness / Present</td> </tr> <tr> <td>3 Shila</td> <td>Phillipe</td> <td>C.O.</td> <td>1445</td> <td><input type="checkbox"/> Used Force<br/><input type="checkbox"/> Was a Witness / Present</td> </tr> </table> |   |                                  |                                    |   |                     |                       |                |                  | Last Name | First Name | Rank/Title                       | Shield# Number |  | 1 Lewis | Damien | C.O. | 8916 | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present | 2 Williams | Tomir | C.O. | 14915 | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present | 3 Shila | Phillipe | C.O. | 1445 | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present |
| Last Name  | First Name  | Rank/Title                       | Shield# Number                     |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 1 Lewis  | Damien  | C.O.                             | 8916                               | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 2 Williams   | Tomir   | C.O.                             | 14915                              | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| 3 Shila  | Phillipe  | C.O.                             | 1445                               | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <p><b>4</b> If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</p> <p>On August 31<sup>st</sup> 2020 on the 1500 x 2331 tour I C.O. Register # 62641 was assigned to the MDC Enhanced Security Detail under the direct supervision of Captain Nurse # 1451. At 1815 hours Inmate Rodriguez.</p>  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <p><b>5</b> Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:</p> <p>Verbal commands were given to inmate to back out of the cell.</p>  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |
| <p><b>6</b> Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):</p> <p>Before b/c 349160 03090 NYSID 098913298P circled a fire condition in his cell. ESU staff then opened up cell # 3 and utilized the fire extinguisher to gain control of the situation, while gaining control of the fire said inmate began advancing toward ESU staff at which time chemical agents were deployed. Chemical agents took its desired effect, said inmate was secured utilizing mechanical restraints. ESU staff then assisted inmate Rodriguez to main intake shower pan. Inmate was relinquished to intake staff terminating the incident.</p>  |   |                                  |                                    |   |                     |                       |                |                  |           |            |                                  |                |  |         |        |      |      |   |            |       |      |       |   |         |          |      |      |   |

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| <input type="checkbox"/> (Continued)  |  |
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| <input type="checkbox"/> To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:<br><i>Captain House 1451</i>   |  |
| <input type="checkbox"/> Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:<br><i>Chemical agents were applied to the inmates facial area.</i>  |  |
| <input type="checkbox"/> Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:<br><br><br><br> |  |
| Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)<br><i>Hernies N #C.O 6261</i>  |  |
| Signature:    |  |

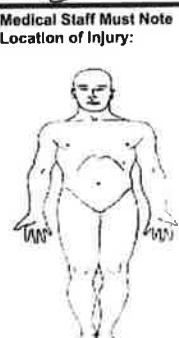
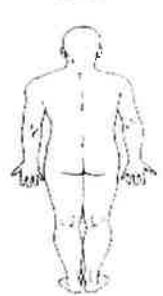
| CITY OF NEW YORK - CORRECTION DEPARTMENT  |              |                                    |   |                      |                     | FORM 8500-A-1         | EN. 9/27/2017 |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
|---|--------------|------------------------------------|---|----------------------|---------------------|-----------------------|---------------|--|-----------|------------|----------------------------------|---|--|--|--|---|--|--|--|---|--|--|--|--|-----------|------------|----------------------------------|---|-----------|-------|------------|---|--|--|--|---|--|--|--|--|-----------|------------|------------|-------------------|---|-------|--|-----|-------|---|---------|--|------|-------|---|-----------|--|------|-------|
| USE OF FORCE WITNESS REPORT   |              |                                    |   |                      |                     | PART A-1              |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| INSTRUCTIONS: PRINT ALL INFORMATION<br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.   |              |                                    | DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?<br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br>If you used force, complete PART A, NOT this report. |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| Facility:   | Report Date: | Incident Date:                     | Incident Time:  | Facility Incident #: | COD Use of Force #: | COD Unusual # if any: |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| MDC   | 8-31-25      | 8-31-25                            | 1615  |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| Location Where Incident Occurred:   |              | Post Assigned at Time of Incident: |   | Tour:                |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 9 South / cell 3  |              | ESU MPC                            |   | 1521 x 2331          |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| <p>1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:</p> <table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>2 Did you see force used against an inmate(s)? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:</p> <table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Book and Case or Sentence Number</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Rodriguez</td> <td>Peter</td> <td>3491603070</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:</p> <table border="1"> <thead> <tr> <th></th> <th>Last Name</th> <th>First Name</th> <th>Rank/TITLE</th> <th>SHADOWS<br/>NUMBER</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Moise</td> <td></td> <td>CPT</td> <td>12851</td> </tr> <tr> <td>2</td> <td>William</td> <td></td> <td>C.C.</td> <td>11475</td> </tr> <tr> <td>3</td> <td>Galvezsky</td> <td></td> <td>C.C.</td> <td>12925</td> </tr> </tbody> </table> <p>4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</p> <p>ON Monday August 31, 2020, I c.c. Prom-Lays #11475 assigned to ESU MDC detail on the 1521 x 2331 tour for approximately 1615 hours. This writer and ESU staff responded to a Smoke Alarm at housing unit 9 South, cell #43.</p> <p>5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:</p> <p>This writer gave inmate Rodriguez direct orders to face the back of his cell and place his hands behind his back.</p> <p>6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):</p> <p>Upon entering the cage cell #43 said inmate Cello was on fire. ESU staff utilized the fire extinguisher and took out portion of the fire while utilizing the fire. Said inmate charged at staff which caused ESU staff to utilized M4 (oleoresin Capicum) to the facial area. Said inmate stopped ceasing the aggression. This writer had rice said inmate and brought him to the main intake to decontaminate inside the shower pen. No further incidents occurred.</p> |              |                                    |   |                      |                     |                       |               |  | Last Name | First Name | Book and Case or Sentence Number | 1 |  |  |  | 2 |  |  |  | 3 |  |  |  |  | Last Name | First Name | Book and Case or Sentence Number | 1 | Rodriguez | Peter | 3491603070 | 2 |  |  |  | 3 |  |  |  |  | Last Name | First Name | Rank/TITLE | SHADOWS<br>NUMBER | 1 | Moise |  | CPT | 12851 | 2 | William |  | C.C. | 11475 | 3 | Galvezsky |  | C.C. | 12925 |
|   | Last Name    | First Name                         | Book and Case or Sentence Number  |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 1   |              |                                    |   |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 2   |              |                                    |   |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 3   |              |                                    |   |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
|   | Last Name    | First Name                         | Book and Case or Sentence Number  |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 1   | Rodriguez    | Peter                              | 3491603070  |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 2   |              |                                    |   |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 3   |              |                                    |   |                      |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
|   | Last Name    | First Name                         | Rank/TITLE  | SHADOWS<br>NUMBER    |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 1   | Moise        |                                    | CPT   | 12851                |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 2   | William      |                                    | C.C.  | 11475                |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |
| 3   | Galvezsky    |                                    | C.C.  | 12925                |                     |                       |               |  |           |            |                                  |   |  |  |  |   |  |  |  |   |  |  |  |  |           |            |                                  |   |           |       |            |   |  |  |  |   |  |  |  |  |           |            |            |                   |   |       |  |     |       |   |         |  |      |       |   |           |  |      |       |

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| CORRECTION DEPARTMENT<br>CITY OF NEW YORK  |  | Form: 167R-A<br>Rev.: 10/3/19<br>Ref.: Dir. 4516R-D  |   |
|--|--|--|---|
| INJURY TO INMATE REPORT  |  |  |   |
| INSTRUCTIONS: One copy to Clinic Lock Box, One Copy to Inmate Medical File and Original with completed Investigation to Security.  |  |  |   |
| Command: <b>MDC</b>  | Date: <b>8-31-20</b>   | COD/UOF #: <b></b>   | Injury #: <b>7105</b>   |
| TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT CLEARLY).  |  |  |   |
| Inmate Name (Last Name, First Name): <b>Rodriguez Peter</b>  |  |  |   |
| Location Where Injury Occurred: <b>3 cell</b>  | Inmate's Housing Area: <b>ASouth</b>                         | NYSID #: <b>09839298P</b>  | Book & Case/Sentence #: <b>3491603090</b>   |
| Details: <b>On August 31 2020 at approximately 1:15 hrs inmate Rodriguez Peter B/C 3491603090 NYSID 09839298P created a still fire in his cell #3. Fire was extinguished resulting in a use of force with DOC staff</b>  |  |  |   |
| Supervisor Notified (Print Last Name, First Name, Rank, Shield #): <b>Gibson Capt 1046</b>   |  | Date: <b>8-31-20</b>   | Time: <b>1815 Hrs</b>   |
| Employee: <input type="checkbox"/> (Did) <input checked="" type="checkbox"/> (Did Not Witness This Injury.)  | Employee Full Name (print): <b>Mintosh</b>                   | Employee Signature:   | Rank/Title: <b>C/O</b>  |
| TO BE COMPLETED BY MEDICAL STAFF ONLY - (PLEASE PRINT CLEARLY)   |  |  |   |
| Date of Injury: <b>8/31/20</b>   | Reported for Medical Attention: <b>Date 8/31/20 11:30 AM</b> | Inmate Refused Medical Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No   | Visible Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Nature/Reported Mechanism of Injury: <b>It's device injury / print - It further refused medical services. No signs of gross injury</b>   |  | Medical Staff Must Note Location of Injury:   |   |
| Serious Injuries confirmed during initial evaluation<br>(Select "Pending - Requires Further Evaluation" if additional testing / imaging / follow-up needed):   |  |  |   |
| <input type="checkbox"/> Laceration requiring sutures, staples or glue (e.g. dermabond) <input type="checkbox"/> Fracture<br><input type="checkbox"/> Dislocation <input type="checkbox"/> Tendon Tear<br><input type="checkbox"/> Structural injury to organ (e.g. corneal abrasion, hepatic laceration) <input type="checkbox"/> Post-concussive syndrome or head injury requiring imaging such as CT or MRI<br><input checked="" type="checkbox"/> NO SERIOUS INJURY <input type="checkbox"/> Pending - Requires Further Evaluation |  |  |   |
| Treatment: <b>None - Indicated</b>   |  |  |   |
| Disposition and Transportation Requirements (If applicable):<br>Please check which apply   |  |  |   |
| <input type="checkbox"/> Urgicare / X-Ray <input type="checkbox"/> Hospital Transfer: <input type="checkbox"/> EMS <input type="checkbox"/> Intra-Departmental Transfer<br><input checked="" type="checkbox"/> None / Return to Housing Area   |  |  |   |
| Initially Triage/Treated By/Examined By (Print and Sign Full Name): <b>Christopher M. Christopher, MHS, PA</b>   |  | Date: <b>8/31/20</b>   | Time: <b>11:34 AM</b>   |
| I certify that the cause of injury as stated herein is to my knowledge true and medical attention was provided:  |  |  |   |
| Inmate Signature: <b>X - Refused</b>   | B&C / Sentence #: <b>3491603090</b>                          | Date: <b></b>  |   |
| Witnessed By (Signature): <b>SJM</b>   | Rank/Title: <b>C/O</b>                                       | Shield I.D. #: <b>11757</b>  | Date: <b>8/31</b>   |

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|  <b>CORRECTION DEPARTMENT<br/>CITY OF NEW YORK</b>   |                               | <b>INMATE VOLUNTARY STATEMENT FORM</b> |                                 | Form: IVS-1<br>Eff.: 1/24/19 |  |
|---|-------------------------------|--|---------------------------------|------------------------------|--|
| Inmate's Name: <i>Rodriguez Peter</i>   |                               | Date: <i>8-31-20</i>                   |                                 |                              |  |
| Book and Case Number:<br><i>3491603090</i>  | Date of Birth:<br><i>1990</i> | Age:                                   | Housing Area:<br><i>9 south</i> |                              |  |
| <p>I hereby acknowledge that the following written statement issued was made VOLUNTARILY of my own free will without promise of reward, or under any threat of physical harm or fear of such. Additionally, you will not be subject to any form of retaliation for providing information in connection with this investigation by the New York City Department of Correction.</p> <p><i>Refused</i></p> <p>10 lines for statement</p> |                               |  |                                 |                              |  |
| Inmate's Signature: <i>Refused</i>  |                               | Date: <i>8-31-20</i>                   |                                 |                              |  |
| Witness by (print name):<br><i>Gibson</i>   | Witness Signature:            | Rank: <i>Capt</i>                      |                                 | Shield Number: <i>1046</i>   |  |

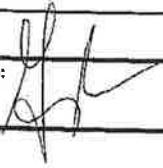
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|    |                         | CITY OF NEW YORK - CORRECTION DEPARTMENT        |   |                      | FORM #5006-A-1           |                          | Eff. : 9/27/2017 |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
|---|-------------------------|---|---|----------------------|--------------------------|--------------------------|------------------|--|---|-----------|------------|----------------------------------|------------------|------------|-------------------------|------------|-------------|--|----|------|--------------------------|--------------------------|---|-------|--|----|------|--------------------------|--------------------------|---|-------|--|------|------|--------------------------|--------------------------|
| USE OF FORCE WITNESS REPORT   |                         |   |   |                      |                          | PART A-1                 |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>INSTRUCTIONS:</b> PRINT ALL INFORMATION<br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.  |                         |   | <b>DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?</b><br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br><small>If you used force, complete PART A, NOT this report.</small> |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| Facility:<br>MDC  | Report Date:<br>8/31/20 | Incident Date:<br>8/31/20                       | Incident Time:<br>approx1815  | Facility Incident #: | COD Use of Force #:      | COD Unusual # if any:    |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| Location Where Incident Occurred:<br>9 south #5 cell  |                         | Post Assigned at Time of Incident:<br>North Max |   | Tour:<br>1500x2331   |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>1</b> Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 40%;">Book and Case or Sentence Number</th> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table>   |                         |   |   |                      |                          |                          |                  |  | 1 | Last Name | First Name | Book and Case or Sentence Number | 1                |            |                         |            | 2           |  |    |      | 3                        |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 1   | Last Name               | First Name                                      | Book and Case or Sentence Number  |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 1   |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 2   |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 3   |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>2</b> Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 40%;">Book and Case or Sentence Number</th> </tr> <tr> <td>1</td> <td>RODRIGUEZ,</td> <td>PETER</td> <td>3491603090</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table>  |                         |   |   |                      |                          |                          |                  |  | 1 | Last Name | First Name | Book and Case or Sentence Number | 1                | RODRIGUEZ, | PETER                   | 3491603090 | 2           |  |    |      | 3                        |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 1   | Last Name               | First Name                                      | Book and Case or Sentence Number  |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 1   | RODRIGUEZ,              | PETER   | 3491603090  |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 2   |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 3   |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>3</b> State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">Last Name</th> <th style="width: 30%;">First Name</th> <th style="width: 15%;">Rank/Title</th> <th style="width: 10%;">Shield/ID Number</th> <th style="width: 10%;">Used Force</th> <th style="width: 10%;">Was a Witness / Present</th> </tr> <tr> <td>1</td> <td>GALUZEVSKIY</td> <td></td> <td>CO</td> <td>8951</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2</td> <td>LEWIS</td> <td></td> <td>CO</td> <td>6106</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3</td> <td>Moise</td> <td></td> <td>Capt</td> <td>1451</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |                         |   |   |                      |                          |                          |                  |  | 1 | Last Name | First Name | Rank/Title                       | Shield/ID Number | Used Force | Was a Witness / Present | 1          | GALUZEVSKIY |  | CO | 8951 | <input type="checkbox"/> | <input type="checkbox"/> | 2 | LEWIS |  | CO | 6106 | <input type="checkbox"/> | <input type="checkbox"/> | 3 | Moise |  | Capt | 1451 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1   | Last Name               | First Name                                      | Rank/Title  | Shield/ID Number     | Used Force               | Was a Witness / Present  |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 1   | GALUZEVSKIY             |   | CO  | 8951                 | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 2   | LEWIS                   |   | CO  | 6106                 | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| 3   | Moise                   |   | Capt  | 1451                 | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>4</b> If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):<br><p>On August 31, 2020, I Capt Gibson #1046 assigned to North Max on the 1500x2331 tour was informed by Officer Ferraro #1804 that inmate RODRIGUEZ, PETER B/C 3491603090 NY SID 09839298P of cell #3 had started a still fire in his cell. Said Officer retrieved the fire extinguisher and started to extinguish the fire through the slot, at which time Capt Moise entered the area and gave Officer Ferraro a direct order to exit the area. ESU staff then opened the cell door and Officer GALUZEVSKIY began to extinguish the fire. This writer backed away from the cell door.</p>                     |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>5</b> Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:<br><p>5</p>  |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <b>6</b> Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):<br><p>6</p> <p>this writer was not in view of what was taking place inside the cell, but did observe Officer Lewis utilize his chemical agent. At which time this writer exited the area due to not having gas mask. Inmate Rodriguez was then escorted to the vestibule area in restraints awaiting an escort team terminating the incident. I am writing this report based upon my immediate recollection of the incident at this point. I hereby reserve the right to amend this report pursuant to my further clarity of the incident and possible review of the video evidence.</p>  |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |
| <small>Continued on Reverse Side</small>  |                         |   |   |                      |                          |                          |                  |  |   |           |            |                                  |                  |            |                         |            |             |  |    |      |                          |                          |   |       |  |    |      |                          |                          |   |       |  |      |      |                          |                          |

DEF 000043

(Continued)

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|---|--|--|---|
| (Continued)   |  | Confidential - For Use Only in Rodriguez v. City of New York et al., 20-cv-09840-JHR (WBM)       |   |
|    |  |  |   |
| <p><b>7</b> To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p>I Carl Gibson and Capt Moise</p>   |  |  |   |
| <p><b>8</b> Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p>Force was applied to said inmates facial area</p> |  |  |   |
| <p><b>9</b> Were you responsible for escorting the inmate(s) to the clinic?</p>   |  | <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO                   | If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:<br><p><i>Facet inmate was seen at approx 1130 hrs</i></p> |
| Submitted by: (PRINT LAST NAME, FIRST NAME, RANK and SHIELD #)<br><b>Gibson Shaday Capt 1046</b>  |  | Signature:  |   |

DEF 000044

| CITY OF NEW YORK - CORRECTION DEPARTMENT  |              |                                    |  |                                  |                     | FORM #5006-A-1   | EH. : 9/27/2017 |
|---|--------------|------------------------------------|--|----------------------------------|---------------------|--|-----------------|
| USE OF FORCE WITNESS REPORT   |              |                                    |  |                                  |                     | PART A-1   |                 |
| INSTRUCTIONS: PRINT ALL INFORMATION<br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.   |              |                                    | DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT<br>AT THE SCENE?<br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br>If you used force, complete PART A, NOT this report. |                                  |                     |  |                 |
| Facility:   | Report Date: | Incident Date:                     | Incident Time:   | Facility Incident #:             | COD Use of Force #: | COD Unusual # if any:  |                 |
| MX  | 8/11/20      | 8/11/20                            | 1800   |                                  |                     |  |                 |
| Location Where Incident Occurred:   |              | Post Assigned at Time of Incident: |  |                                  | Tour:               |  |                 |
| 9 South 3 cell  |              | 9 South                            |  |                                  | 3x11                |  |                 |
| 1 Did any other inmates witness the incident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, list #:   |              |                                    |  |                                  |                     |  |                 |
| Last Name   |              | First Name                         |  | Book and Case or Sentence Number |                     |  |                 |
| 1   |              |                                    |  |                                  |                     |  |                 |
| 2   |              |                                    |  |                                  |                     |  |                 |
| 3   |              |                                    |  |                                  |                     |  |                 |
| 2 Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used   |              |                                    |  |                                  |                     |  |                 |
| Last Name   |              | First Name                         |  | Book and Case or Sentence Number |                     |  |                 |
| 1   |              |                                    |  |                                  |                     |  |                 |
| 2   |              |                                    |  |                                  |                     |  |                 |
| 3   |              |                                    |  |                                  |                     |  |                 |
| 3 State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:   |              |                                    |  |                                  |                     |  |                 |
| Last Name   |              | First Name                         |  | Rank/Title                       | Shield #            | Number   |                 |
| 1   | Gibson       |                                    |  | Capt                             | 900                 | <input type="checkbox"/> Used Force<br><input checked="" type="checkbox"/> Was a Witness / Present |                 |
| 2   |              |                                    |  |                                  |                     | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present            |                 |
| 3   |              |                                    |  |                                  |                     | <input type="checkbox"/> Used Force<br><input type="checkbox"/> Was a Witness / Present            |                 |
| 4 If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force): This writer was told by ESN Staff and housing Area supervisor to depart 9th floor. |              |                                    |  |                                  |                     |  |                 |
| 5 Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, describe:   |              |                                    |  |                                  |                     |  |                 |
| <p>June 1805</p> <p>June 1805</p>   |              |                                    |  |                                  |                     |  |                 |
| 6 Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself): This writer was not present during UOF.  |              |                                    |  |                                  |                     |  |                 |
| <p>June 1805</p> <p>June 1805</p>   |              |                                    |  |                                  |                     |  |                 |
| NYC DOC<br>MANHATTAN CORRECTIONAL FACILITY<br>Continued on Reverse Side   |              |                                    |  |                                  |                     |  |                 |

DEF 000045

|   |  |
|---|--|
| 9 (Continued)   |  |
| <p style="text-align: center;">5/29/2018</p> <p style="text-align: center;">Sergeant</p>  |  |
| <p>7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:</p> <p>Captain Gibson # 1046</p>   |  |
| <p>8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:</p> <p>This writer was not present during MOF.</p>  |  |
| <p>9 Were you responsible for escorting the inmate(s) to the clinic? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, Identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:</p> <p> </p> <p> </p> |  |
| <p>Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD #)</p> <p>Ferraro, Peter, CO, 1805</p>   |  |
| <p>Signature:</p> <p>Jewno</p>  |  |

DEF 000046

| CITY OF NEW YORK - CORRECTION DEPARTMENT<br>USE OF FORCE WITNESS REPORT  |                              |   |                                | FORM #5006-A-1                  | Eff. : 9/27/2017               |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
|--|------------------------------|---|--------------------------------|---------------------------------|--------------------------------|-----------|------------|----------------------------------|------------------|--------------|--------------------|---|--|--|---|--|--|---|--|--|-----------|------------|----------------------------------|---|--|--|---|--|--|---|--|--|-----------|------------|------------|------------------|---|--|--|--|---|--|--|--|---|--|--|--|
| INSTRUCTIONS: PRINT ALL INFORMATION<br>To be completed by any member witnessing a use of force incident or present at the scene of a use of force. Use attachments if additional space is needed and indicate Part and Information Section # on each attached page.  |                              | DID YOU USE FORCE AGAINST AN INMATE OR WERE YOU A WITNESS/PRESENT AT THE SCENE?<br><input type="checkbox"/> USED FORCE <input checked="" type="checkbox"/> WITNESS/PRESENT AT THE SCENE<br>If you used force, complete PART A, NOT this report. |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| Facility:  | Report Date:                 | Incident Date:  | Incident Time:                 | Facility Incident #:            | COD Use of Force #:            |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| Facility: <b>ADC</b>   | Report Date: <b>08/31/22</b> | Incident Date: <b>08/31</b>   | Incident Time: <b>10:17:00</b> | Facility Incident #: <b>154</b> | COD Use of Force #: <b>154</b> |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| Location Where Incident Occurred: <b>9 South Cell 03</b>   |                              | Post Assigned at Time of Incident: <b>9 South</b>   |                                | Tour: <b>154K 2330</b>          |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| <p><b>1</b> Did any other inmates witness the incident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list #:</p> <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Book and Case or Sentence Number</td> </tr> <tr> <td><b>Rodriguez</b></td> <td><b>Peter</b></td> <td><b>34916 0309A</b></td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table> <p><b>2</b> Did you see force used against an inmate(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, state name(s) of inmate(s) against whom force was used:</p> <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Book and Case or Sentence Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> </tr> </table> <p><b>3</b> State the name(s) of any other uniform or non-uniform staff involved in or present at the time of the incident:</p> <table border="1"> <tr> <td>Last Name</td> <td>First Name</td> <td>Rank/Title</td> <td>Shield/ID Number</td> </tr> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> </tr> </table> <p><b>4</b> If you were present before the incident began, explain in detail the sequence of events leading up to the incident, including whether the use of force was anticipated (i.e., it was apparent that Staff would likely need to use force to address the situation and there was time to prepare a plan of action prior to using force):</p> <p><b>This Writer was not present before the Incident</b></p> <p><b>5</b> Did you hear or see alternatives, such as verbal commands, attempted before force was used? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, describe:</p> <p><b>(WIT) 08/31/22, 154 LA #1878, 9 South 2330 hrs. At 10:10 MS. Rodriguez Peter B/C #34916 0309A Cell 03 was having (studying) Confection around his cell. Then this writer was order to departing the housing area by ESU supervisor thus this writer did not witness any JTF not using COT.</b></p> <p><b>6</b> Describe the incident and the specific force used (including the actions of any staff involved in or present during the incident, including yourself):</p> <p><b>(WIT) 08/31/22, 154 LA #1878, 9 South 2330 hrs. At 10:10 MS. Rodriguez Peter B/C #34916 0309A Cell 03 was having (studying) Confection around his cell. Then this writer was order to departing the housing area by ESU supervisor thus this writer did not witness any JTF not using COT.</b></p> |                              |   |                                |                                 |                                | Last Name | First Name | Book and Case or Sentence Number | <b>Rodriguez</b> | <b>Peter</b> | <b>34916 0309A</b> | 1 |  |  | 2 |  |  | 3 |  |  | Last Name | First Name | Book and Case or Sentence Number | 1 |  |  | 2 |  |  | 3 |  |  | Last Name | First Name | Rank/Title | Shield/ID Number | 1 |  |  |  | 2 |  |  |  | 3 |  |  |  |
| Last Name  | First Name                   | Book and Case or Sentence Number  |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| <b>Rodriguez</b>   | <b>Peter</b>                 | <b>34916 0309A</b>  |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 1  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 2  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 3  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| Last Name  | First Name                   | Book and Case or Sentence Number  |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 1  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 2  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 3  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| Last Name  | First Name                   | Rank/Title  | Shield/ID Number               |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 1  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 2  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| 3  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |
| Continued on Reverse Side  |                              |   |                                |                                 |                                |           |            |                                  |                  |              |                    |   |  |  |   |  |  |   |  |  |           |            |                                  |   |  |  |   |  |  |   |  |  |           |            |            |                  |   |  |  |  |   |  |  |  |   |  |  |  |

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6 (Continued)

7 To the extent applicable, identify the name(s) of any Staff Member who authorized and/or supervised the incident:

8 Identify the part(s) of the inmate's body/bodies to which force was applied and a description of any visible or apparent injuries sustained by the inmate:

9 Were you responsible for escorting the inmate(s) to the clinic?  YES  NO If YES, identify the approximate time the inmate was transported to receive medical care and the name of the medical provider, if known to you:

Submitted by: (Print LAST NAME, FIRST NAME, RANK and SHIELD) *James Lat* C/0 #18781 | Signature: *James Lat*



*The*  
*City*  
*of*  
**New York**

NEW YORK CITY DEPARTMENT OF CORRECTION  
Cynthia Brann, Commissioner

Sarena Townsend, Esq., Deputy Commissioner  
Investigation Division & Trials Division  
75-20 Astoria Boulevard – Suite 350  
East Elmhurst, NY 11370

Tel 718 • 546 • 0305  
Fax 718 • 278 • 6541

Date: September 29, 2020

To: Tatanisha Banks, Warden, Manhattan Detention Complex

From: Tahkyia Willis, Deputy Director, Investigation Division

**SUBJECT: FACILITY REFERAL: UOF #4068-2020**

The Investigation Division has completed the review for 4068/20. On August 31, 2020 at approximately 1815 hours inside MDC 9 south housing area, Inmate Rodriguez, Peter (BC 3491603090/NYSID 09839298P) started a still fire in his cell #3. ESU staff responded and opened the cell to extinguish the fire. When ESU staff asked inmate Rodriguez to step out of his cell he refused and then began swatting at and advancing toward staff. Officers Lewis, Damien #8106 and Williams, Temir #11475 dispersed their chemical agents toward Inmate Rodriguez to stop his advances. Officer Galuzevsky, Aleksandr #8957 entered the cell and exited with Inmate Rodriguez in an escort hold. Inmate Rodriguez was escorted to the intake with no further incident.

According to Injury to Inmate Report FY21-765, Inmate Rodriguez received delayed medical attention, approximately five hours and sixteen minutes after the incident.

Supervisors must ensure that inmates and staff are afforded prompt medical attention following their involvement in a UOF incidents. As per the new guidelines delineated in Directive 4516 R-B (Injury to Inmate Reports), staff are to ensure medical attention is afforded as soon as practical, but no more than four (4) hours.

The Investigation Division is requesting that the facility address the above mentioned deficiencies to ensure policy compliance. Please submit to this office, within 30 business days of receipt of this memorandum, please report your actions to Tahkyia Willis via email at Tahkyia.willis@doc.nyc.gov

Received: \_\_\_\_\_

Action Taken: \_\_\_\_\_

TS:

ID-FR# 0317/20

**DEF 000048**

|   |  |  |   |
|---|--|--|---|
|    | CITY OF NEW YORK CORRECTION DEPARTMENT   |  |  |
|   | Manhattan Detention Complex  |  |   |
|   | Incident Photo   |  |   |
| Type of Incident: UOF <input checked="" type="checkbox"/> COD <input type="checkbox"/> Other <input type="checkbox"/>           | Date & Time of Incident: 08/31/2020 18:15  |  |   |
| UOF #: 4068/20 - P  | Incident Status: <u>Actual</u> NYSID #: 09839298P  |  |   |
| First Name: PETER   | Book & Case #: 3491603090  |  |   |
| Last Name: RODRIGUEZ  | Inmate <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other <input type="checkbox"/> |  |   |
|   |  |  |   |
| Photo Date: 08/31/2020<br>Photo Taken By:<br>Investigating Supervisor: Captain Gibson #1046<br>Photo Description: Other-refused |  |  |   |

Confidential - For Use Only In Rodriguez v. City of New York et al., 20-cv-9840 (GHW)

Date Monday August 31, 2020  
 Case # 1068/20  
 To Acting Warden Yamansha Banks  
 from Warden Mitchell #57  
 To DSN Massay  
 Subject Use of force.  
 Location A South  
 Angles

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Staff Officer Alexander Baluzevskiy #8957 DOA:  
 Officer Damon Lewis #8186 DOA:  
 Officer Temir Williams #11475 DOA:

Inmate: Rodriguez, Peter 3491603037 /0918392986  
 Institutions, ICN, Rad 1D Enhanced Remant  
 Class 3D

On August 31, 2020 at 1815 hours, in housing  
 Area A South, inmate Rodriguez started a  
 fire inside his cell. Officer Baluzevskiy  
 removed the fire extinguisher to put out  
 the fire, when the inmate stood in front  
 of Officer Baluzevskiy. The Officer gave  
 orders to move and the inmate refused  
 to comply. Officer Lewis deployed chemical  
 agent and Officer Williams pulled Central  
 belts to apply restraints. The inmate  
 ceased his aggression and was escorted out  
 of the area, terminating the incident.

Staff injuries:

Inmate injuries:

Reportedly Submited by  
 DSN has dictated 183  
 Confidential - Return to  
 F-10-75-15

This investigation is assigned to Capt Gibson #1046

**Video Request Task Form****UOF # U4068/2020****NON-UOF #****Current Date: 9/1/2020****COD #****ID #****GENETEC VIDEO**

Requestor: Inv. Stofer

| Facility: | MDC      | From Hour | To Hour | Comments |
|-----------|----------|-----------|---------|----------|
| Camera IP | Location |           |         |          |
| 191.49    | MDC      | 1800      | 1930    |          |
| 191.36    | MDC      | 1800      | 1930    |          |
| 209.215   | MDC      | 1800      | 1930    |          |
| 209.206   | MDC      | 1800      | 1930    |          |
| 209.233   | MDC      | 1800      | 1930    |          |
| 209.238   | MDC      | 1800      | 1930    |          |
| 213.252   | MDC      | 1800      | 1930    |          |
| 211.157   | MDC      | 1800      | 1930    |          |
| 211.162   | MDC      | 1800      | 1930    |          |
| 211.161   | MDC      | 1800      | 1930    |          |
| 211.174   | MDC      | 1800      | 1930    |          |
| 211.165   | MDC      | 1800      | 1930    |          |
| 210.210   | MDC      | 1800      | 1930    |          |
| 191.26    | MDC      | 1800      | 1930    |          |
| 191.20    | MDC      | 1800      | 1930    |          |
| 191.22    | MDC      | 1800      | 1930    |          |
| 191.21    | MDC      | 1800      | 1930    |          |
| 210.234   | MDC      | 1800      | 1930    |          |

**HANDHELD VIDEO**

| File Name                              | Facility Folder | Sub-folder  |
|--|-----------------|-------------|
| ES831201500CEMDCUOF1815UOF#4068-20.MP4 | ESU             | UOF- August |
|  |                 |             |
|  |                 |             |
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|  |                 |             |

**ID BODY CAMERA VIDEO**

| User ID | Source | Recorded Date & Time | UOF#/COD#/NON-UOF# |
|---------|--------|----------------------|--------------------|
|         |        |                      |                    |
|         |        |                      |                    |
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Total DVDs Burned: \_\_\_\_\_

Page 1 of 2  
**DEF 000051**

**FACILITY BODY CAMERA VIDEO**

| User ID | Source | Recorded Date & Time | UOF#/COD# |
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|         |        |                      |           |
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|         |        |                      |           |

191.49  
191.36  
209.215  
209.206  
209.233  
209.238  
213.252  
211.157  
211.162  
211.161  
211.174  
211.165  
210.210  
191.26  
191.20  
191.22  
191.21  
210.234